

DESIGNING AND MANAGING AN EFFECTIVE INFECTION PREVENTION AND CONTROL PROGRAM

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Health care–associated infections (HAIs) result in considerable morbidity and mortality as well as increased health care costs.^{1–4} Although it is not known what proportion of HAIs are preventable, an effective infection surveillance, prevention, and control program can reduce the risk of HAIs and improve health care outcomes.^{5,6} For example, the Study on the Efficacy of Nosocomial Infection Control (SENIC) Project, conducted in the 1970s, demonstrated that hospitals with intensive infection surveillance and control programs were able to reduce their infection rates by 32%.⁵ Subsequent reports of collaborative and individual facility performance improvement initiatives aimed at preventing HAIs have demonstrated substantial reductions in HAI rates.^{7,8}

The primary goal of an infection prevention and control (IPC) program is to reduce the occurrence of HAIs to the lowest possible levels. This chapter discusses how to design and allocate resources for IPC programs that can effectively reduce the risk and occurrence of HAIs across the continuum of care, including acute, ambulatory, nursing care center, and home care settings.

DESIGNING AN EFFECTIVE INFECTION SURVEILLANCE, PREVENTION, AND CONTROL PROGRAM

Practices and protocols vary among health care settings depending on the type of organization, the populations served, and the care, treatment, and services provided. However, when designing an infection surveillance, prevention, and control program, it is important to recognize that certain principles apply across the board.

In all health care settings, the IPC program must be designed to involve all relevant programs, services,

departments, patient care and other providers, licensed independent practitioners, patients, residents, students, volunteers, families, and visitors as applicable and be implemented organizationwide. The IPC program must be integrated into the organization's programs for quality assurance/performance improvement; employee health, education, and training; emergency preparedness; patient safety; and environment of care, as discussed in the following chapters. In addition, a committee, such as an IPC, patient safety, or quality assurance/performance improvement committee, should provide oversight for the IPC and the infection surveillance programs.

TIP

Integrate the IPC program into the organization's quality assurance/performance improvement; employee health, education, and training; emergency preparedness; patient safety; and environment of care programs.

END OF SAMPLE